Cofnodion Heb eu Cymeradwyo Pwyllgor Deddfwriaeth Iechyd Meddwl (MHLC)/
Unapproved Minutes Mental Health Legislation Committee (MHLC)

Date of Meeting: **10:30 AM, Thursday 04 June 2026**
Venue: **Microsoft Teams Meeting**

Present:
Chantal Patel (Chair of the Committee and Independent Board Member)
Iwan Thomas (Vice Chair of the Committee and Independent Board Member)
Ann Murphy (Independent Board Member)
Eleanor Marks (Hywel Dda University Health Board Vice Chair)

In Attendance:
Alastair Wakely (Hywel Dda UHB - Head of CAMHS and Specialist Services)
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)
Amanda Davies (Hywel Dda UHB - Head of Service, Adult Mental Health)
Angie Darlington (Director, West Wales Action for Mental Health (WWAMH))
Lisa Bassett - Gravelle (Hywel Dda UHB - Head of Adult Mental Health Inpatient Wards and Learning Disabilities Service)
Liz Carroll (Hywel Dda UHB - Service Director MH&LD Clinical Care Group)
Neil Mason (Hywel Dda UHB - Head of Service: Older Adult MH)
Rebecca Temple-Purcell (Hywel Dda UHB - Assistant Director of Nursing, Patient Safety, Quality and Experience)
Sarah Roberts (Hywel Dda UHB - Mental Health Legislation Manager)
Grace Elms (Hywel Dda UHB – Advanced Nurse Practitioner)
Warren Lloyd (Hywel Dda UHB – Associate Medical Director)
Corinne Everett-Guy (Senior Manager for Social Work Teams, Carmarthenshire County Council)
Jane Hitchings (Pembrokeshire County Council)
Superintendent Chris Neve, Dyfed-Powys Police)
Katie Lewis (Hywel Dda UHB - Committee Services Officer)
Annere Martin (Hywel Dda UHB - Committee Services Officer)

Minutes Ref.	Item	Action
MHLC (26) 13	**Welcome and Apologies** Mrs Chantal Patel welcomed Committee Members and attendees to the meeting. There were no apologies for absence.	
MHLC (26) 14	**Declaration of Interests** No declarations of interest were made.	
MHLC (26) 15	**Minutes of the meeting held 3 March 2026** Mrs Chantal Patel invited comments on the minutes of the meeting held on 3 March 2026. Mrs Rebecca Temple-Purcell	**KL**

highlighted an inconsistency in the attendance record, noting that Mr Neil Mason appeared to have been listed as having sent apologies while the annual report later suggested he had attended. Mr Mason stated he would check the position, and during the meeting chat later confirmed that he had in fact been on leave and that Ms Lydia Hayward had deputised.

Subject to that attendance clarification, no further amendments were raised and the Committee accepted the minutes as an accurate record.

Decision: The minutes of the previous meeting held on 3 March 2026 were approved as an accurate record, subject to correction of the attendance entry relating to Mr Mason and Ms Hayward.

MHLC (26) 16 **Table of Actions from the meeting held on 3 March 2026**

Mrs Patel reported that five actions from previous meetings had been completed and invited any further comments. No additional matters were raised against the action tracker, and the table was, therefore, noted without further amendment or escalation.

MHLC (26) 17 **Good Practice/ Patient Story**

Mrs Temple-Purcell provided a verbal update regarding the approach to include the patient voice through patient stories into Committee business and meeting reports.

She explained that discussions with Ms Natasha Fox, Chief Officer at Advocacy West Wales, had identified an established route for capturing the patient voice. This is facilitated through an independent mental health charity that is commissioned to attend mental health wards across the three counties, where it gathers patient views, listens to concerns and provides advocacy support. The feedback in routinely reported to the Clinical Commissioning Group's Ward Manager Forum.

Mrs Temple-Purcell proposed using this established process as the starting point for a more thematic approach. Advocacy West Wales would first present a broader thematic report of patient experiences to the Mental Health Legislation Scrutiny Group (MHLSG) to examine recurring challenges, identify organisational or systemic actions, which will in turn provide a more structured report to this Committee.

In response to a request from Mrs Patel on the timeline for receiving the first report, Mrs Temple-Purcell advised that the advocacy report will be scheduled for the next MHLSG ahead of the subsequent committee meeting, enabling a report to be presented in September. Ms Eleanor Marks confirmed that she was content with this proposal, and no objections were raised. **RTP**

Decision: The Committee NOTED the verbal update relating to Good Practice/ Patient Story and that a structured thematic report on the patient voice be presented to the next Committee meeting.

MHLC (26) 18 **Mental Health Legislation Committee Annual Review Report 2025/26**

Mrs Patel introduced the Mental Health Legislation Committee Annual Review Report 2025/26 for approval and sought Members confirmation that they were content with its accuracy and content. No substantive amendments were proposed during the discussion.

At the end of the meeting, Ms Amanda Davies returned briefly to this item to note that her name had been omitted from the attendance list in the annual report, despite her attendance at meetings. Ms Katie Lewis confirmed that this would be checked and amended. **KL**

Decision: The Committee APPROVED the Mental Health Legislation Committee Annual Review Report 2025/26 for submission to Public Board.

MHLC (26) 19 **Review of Terms of Reference**

Ms Patel opened up discussion on the annual review of the Committee's terms of reference (TOR) and operating arrangements.

Members raised significant concerns regarding the implications of the proposed reduction in membership. In response to a query from Ms Ann Murphy regarding the rational for removing Local Authority nominated representatives, Mrs Temple-Purcell acknowledged that the proposals were being presented without the fuller discussion originally intended at the Mental Health Legislation Scrutiny Group (MHLSG), due to a change in meeting date impacting attendance.

She explained that a benchmark exercise has been undertaken against Mental Health Legislation Committee (MHLC) arrangements across Wales, which evidenced a significant variation in format and structure, notably duplication in the attendance of MHLC and MHLSG. It was therefore proposed to review and revise the membership to reduce duplication between the Board Committee and the MHLSG, strengthen the Committee's strategic Health Board's focus and utilise the scrutiny group for more detailed multi-agency partnership work.

Ms Corinne Everett-Guy sought clarification whether the proposal would result in MHLC meetings being solely attended by Health Board members, and representation from Approved Mental Health Professionals would be maintained. Ms Angie Darlington indicated her charity had been involved in the work of the MHLC since its inception and stressed the value of voluntary sector, lived experience and carer perspectives, believed that a shift to Health

Board-only membership could impact the charity's ability to influence and change things at scrutiny level. Ms Eleanor Marks, Mr Andrew Carruthers and Mr Iwan Thomas each reinforced the value of local authority and third-sector input and welcomed further transparent and inclusive discussion on the matter.

Mrs Patel concluded that the draft TORs could not be approved in its current form and suggested that the existing TOR be extended to the next committee meeting while further work was undertaken to discuss the membership. Mr Carruthers proposed a workshop-style discussion, separate from the formal decision-making setting, to explore the rationale and impact of the revised TORs. Mrs Temple-Purcell suggested that the workshop be supported by a short paper summarising the outcome of the benchmarking exercise. **AC/RTP**

Decision: The Committee AGREED to EXTEND its existing Terms of Reference to the next meeting while further discussions and a workshop on revised proposals be arranged.

MHLC (26) 20 **Committee Self Assessment 2025/26**

Mr Carruthers introduced the Committee's self-assessment for 2025/26. He noted a 33 per cent response rate, equating to five of the 15 Committee Members. The overall conclusion was positive: the Committee was described as functioning effectively, providing strong assurance on statutory compliance, maintaining oversight of Mental Health Act activity and hospital managers' functions, and was recognised as being a data-driven, well-led Committee, providing robust assurance within its legislative remit. However, Mr Carruthers advised there were some opportunities for development focusing on enhancing patient-centred insight, illustrating with the example of the earlier patient story agenda item, as well as strengthening governance visibility and improving data accessibility so that assurance to Board is more comprehensive.

Members supported the three specific improvement actions outlined in the report, all with a deadline of 30 September 2026.

Mrs Temple-Purcell added that one tangible step would be to share feedback from Healthcare Inspectorate Wales (HIW) more formally into the Committee, given the independent regulator's legislative review role in mental health practice.

Decision: The Committee CONSIDERED the findings of the self assessment and AGREED the proposed areas for improvement and actions.

MHLC (26) 21 **Mental Health Act Report**

Ms Sarah Roberts presented the Mental Health Act Activity report for Quarter 4 from 1 January to 31 March that had already been considered by MHLSG in May 2026. Referring to the usage of Community Treatment Orders that had been reported as 'very

high' for Quarter 3, Ms Roberts stated activity had decreased considerably and had only been applied on one occasion during this quarter. With regard to Section 2 Admission for Assessment, activity remained high and fluctuating, with 79 detentions under the Act, and admissions to general hospitals had risen to 11.

Ms Roberts reported 49 uses of Section 136 that allows police to detain an individual under the Act during the quarter, continuing an upward trend over the last six months. She also highlighted concerns in relation data quality in the completion of Community Treatment Orders (CTO) forms, including issues with incomplete entries, unclear timing and inconsistent recording. However, she noted that improvements are emerging as a result of discussions held by officers prior to implementation. Use of Accident and Emergency departments as places of safety remain frequent, although some improvement was noted, alongside better compliance with Section 131 requirements to inform detained patients of their rights.

On hearings and appeals, Ms Roberts reported a significant reduction in applications for discharge by hospital managers and Independent Mental Health Advocates were also observing this trend. However, Mental Health Review Tribunal activity was moving in the opposite direction, with 39 applications resulting in 23 hearings, the majority of those being held remotely.

Ongoing concerns about the Mental Health Review Tribunal for Wales shifting to remote hearings by default were noted, although the Tribunal had assured the Health Board that this remained a pilot and would be reviewed again in six months.

Following a request by MHLSG, an analysis of detention rates by gender would be included in future reports to determine any specific trends under the Act.

In response to a query from Ms Murphy, Ms Roberts clarified that the report's older adult category refers to people aged over 70.

Mrs Patel enquired whether data concerning Section 136 detentions, where people were either discharged and signposted to other agencies or detained under another part of the Act, was being collected. Ms Roberts confirmed that those outcomes were recorded, including discharge with no mental disorder, discharge back to the care of a Community Mental Health Team, signposted to other services, detention under a further section of the Act such as Section 2, and discharge with no follow-up. She added that these outcomes are also reported quarterly to Welsh Government. In response to a further query from Mrs Patel as to whether the rise in Section 136 detentions could be attributed to a lack of relevant community support services, Ms Roberts explained that use of detention powers under the Act is determined by the judgement of individual police officers in public-place scenarios,

typically following discussion with mental health services. As such activity remains inherently difficult to predict.

The Committee concluded that no issues of exception were identified during the quarter requiring escalation and received assurance that governance systems and processes under the Act remain robust.

Decision: The Committee RECEIVED ASSURANCE on governance and processes of the Mental Health Act.

MHLC (26) 22 **Operational Risk Register**

Members considered a report on the status of two operational risks that fall within the remit of the Committee.

On the use of out-of-area beds, Ms Carroll assured the Committee that operational services monitor each placement closely and seek repatriation as quickly as possible. Mrs Lisa Bassett-Gravelle added that the position is reviewed twice-daily across the service, supported by multi-agency bed conferences that consider clinical demand, capacity and pathway of care delays. She also confirmed that close liaison is maintained with independent sector providers to support timely repatriation.

Ms Murphy sought clarification on the risk scoring for the second operational risk reference 1781, Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion County. She observed that the report showed a likelihood score of three and a current impact score of two, which produced a current risk score of six and a target score of four and the narrative did not appear consistent. Ms Carroll advised a report on future provision is scheduled for Board on 30 July 2026 and agreed to request that the senior team review the risk scoring. **LC**

Ms Marks advised that the Committee could take assurance that mitigating actions are underway, noting that the risk would be subject to further consideration by Public Board, which was supported by Mrs Patel.

Decision: The Committee RECEIVED ASSURANCE that:

- identified controls are in place and working effectively
- all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

MHLC (26) 23 **Mental Health Legislation Scrutiny Group Update**

Mrs Temple-Purcell reported on the meeting of the Mental Health Legislation Scrutiny Group (MHLSG) of 15 May 2026, her first as Chair following the retirement of Ms Kay Isaacs. Mrs Temple-Purcell stated that the meeting had been quorate, however following a date change, attendance was limited, particularly from

Local Authority, police and lived experience representatives. She stressed that those agencies would normally be represented and that maintaining fixed meeting dates would be important going forward.

Mrs Temple-Purcell observed that several matters discussed at MHLSG had already been covered elsewhere on the Committee's agenda, including the Mental Health (Wales) Measure Performance report. She advised that the MHLSG reviewed the areas of exception contained within that report. Furthermore, she highlighted planned improvements to future reporting, including additional breakdowns by age and potentially by ethnicity and other demographics. She also suggested that there may be value in introducing more consistency in the way information is shared across partner agencies so that oversight becomes clearer, and there may be scope for the police to contribute written reports as their own data collection develops. **RTP/ CN**

A further update concerned national work commissioned by the NHS Wales Performance and Improvement Team and undertaken by the Thalamos company to review opportunities for streamlining and digitalising Mental Health Act administration processes. Ms Temple-Purcell stated the seven Local Health Boards in Wales had been visited and workshops had been held on current processes. The key draft recommendation was national adoption of the mandated digital signature and forms to support a more consistent digital process. She confirmed that key messages from the final report would be shared with the Committee once available.

Superintendent Chris Neve indicated a statistical data set, particularly relating to Section 136 and other metrics covering wider mental health demand and how that demand is being managed by the Force, would be presented to the next meeting of the Local Mental Health Partnership Board**.**

Ms Marks welcomed the report's forward look and said she was particularly keen to see what the additional data would show at a future Committee meeting.

Decision: The Committee:

- NOTED the key issues highlighted within the Mental Health Legislation Scrutiny Group Update, including ongoing workforce and system capacity risks, variability in performance and the need to strengthen multi-disciplinary engagement.
- RECEIVED ASSURANCE from the continued development of reporting arrangements, including improved Local Authority data submissions and enhanced qualitative insight, and the further analytical work to strengthen assurance and oversight.

MHLC (26) 24 **Hospital Power of Discharge Sub Committee Update Report and Terms of Reference for approval**

Mr Iwan Thomas presented the Hospital Power of Discharge Sub Committee update from the meeting held in April 2026. The meeting had been quorate and no matters required escalation to the Committee.

Mr Thomas noted that the three-month trial of the withdrawal of face-to-face hearings had been extended for a further six months, and that a letter was being prepared with others across Wales to raise concerns about the lack of consultation with the wider mental health services. He then referred members to the Sub Committee's Work Plan and Terms of Reference being presented for approval.

Decision: That the Committee:

- APPROVED the Terms of Reference for the Hospital Power of Discharge Sub Committee.
- NOTED the items the Sub Committee was advising them of.
- RECEIVED ASSURANCE from the items that the Sub Committee was providing assurance on.

MHLC (26) 25 **The Mental Health (Wales) Measure 2010 Performance Report**

The Committee considered the Mental Health Performance Report for the Mental Health (Wales) Measure 2010 between January and March 2026.

Ms Amanda Davies explained that explanatory context had been included where performance had dipped. For Part 1, Local Primary Mental Health Support Services, she referenced a drop in January against target A and target B, which was attributed to sickness and capacity pressures within teams. Part 2, Care and Treatment Planning, was otherwise compliant. Ms Davies clarified that the reported commissioning rate of at 81 per cent was due to an administrative error, with the correct figure being 100 per cent. She further advised that adult services were overall compliant, although one area in Ceredigion remained non-compliant, offset by stronger performance elsewhere. She also noted that achieving full compliance across the remaining elements represented a notable improvement, not seen in recent quarters.

Ms Davies confirmed that both Part 3, Self Referral to Secondary Care for Former Service Users and Part 4, Independent Mental Health Advocacy, were at 100 per cent compliant for the period. She also updated the Committee on inclusion of 72-hour follow-up following patient discharge data. A previous discussion identified a data quality issue whereby transfers between wards were recorded as discharges; work was under way to exclude these records from dataset. She further highlighted the need for assurance regarding patients discharged to district general hospitals, as these episodes can still be captured in the data. This can result in follow-up activity appearing to fall outside the 72-hour standard, despite follow-up being undertaken appropriately.

Mrs Patel sought assurance on how the Committee assesses not only completion rates for Care and Treatment Plans, but also their quality, referencing concerns raised through Hospital Managers' Hearings. In response, Ms Davies advised that the Quality Assurance Practice Development Team supports the audit process and that team managers undertake quality data on these plans. Ms Davies added that assurance on the quality data is monitored by the Mental Health Quality, Safety and Experience Clinical Care Group.

Decision: The Committee RECEIVED ASSURANCE from the Mental Health Performance Report in relation to the Mental Health (Wales) Measure 2010 between January 2026 – March 2026.

MHLC (26) 26 **Section 5(4) Nurse Holding Policy**

Ms Roberts presented the Section 5(4) Nurse Holding Power Policy that was due for its three-yearly review. The policy had been widely circulated and there had been no changes in legislation since it was last reviewed. Furthermore, the policy had already been endorsed by the Written Control Documents Group and accompanied by an updated Equality Impact Assessment before coming to Committee for final approval.

Decision: The Committee APPROVED the Section 5(4) Nurse Holding Power Policy, with no changes, for a further period of three years, unless earlier review is required due to legislative changes.

MHLC (26) 27 **Independent Mental Health Advocacy Policy**

Ms Roberts presented the Provision and Access to Independent Mental Health Advocacy Policy that was due for its three-yearly review. The policy had been widely circulated and there had been no changes in legislation since it was last reviewed. Furthermore, the policy had already been endorsed by the Written Control Documents Group and accompanied by an updated Equality Impact Assessment before coming to Committee for final approval.

Decision: The Committee APPROVED the Provision and Access to Independent Mental Health Advocacy Policy, with no changes, for a further period of three years, unless earlier review is required due to legislative changes.

MHLC (26) 28 **Annual Work Plan 2026/27**

The Committee annual work plan was presented and will be updated to include the previously agreed additional items.

MHLC (26) 29 **Date and Time of Next Meeting**

The next meeting is scheduled for 1 September 2026 at 10.30 am.